

I, DAVID FERRISE, do hereby authorize PATRICIA TAYLOR FERRISE to have my POWER OF ATTORNEY. This document, my Power of Attorney authorizes the holder of this document to place my signature as it is needed. This applies to all legal documents that may require my signature. This Power of Attorney applies to all documents pursuant to financial institutions, State Government Agencies, U.S. Government Agencies, the Internal Revenue Service, any and all other person's who may request or require my signature.

This document becomes valid when my signature is placed on same.

This document was made without any influence from another person(s), and with a sound mind.

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DATE: 12-28-1996

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